

EEOC Form 5 (11/09)

CHARGE OF DISCRIMINATION <small>This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.</small>		Charge Presented To: Agency(ies) Charge No(s): <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC 530-2015-03272	
New Jersey Division On Civil Rights and EEOC <small>State or local Agency, if any</small>			
Name (indicate Mr., Ms., Mrs.) Mr. Andre Collier		Home Phone (Incl. Area Code) (609) 278-1551	Date of Birth 01-05-1965
Street Address City, State and ZIP Code 34 Boudinot, Trenton, NJ 08618			
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)			
Name LOCAL 81455, IUE-CWA (AFL-C10)		No. Employees, Members 500 or More	Phone No. (Include Area Code) (609) 393-0725
Street Address City, State and ZIP Code 1206 Hamilton Ave., Trenton, NJ 08629			
Name <div style="position: relative; height: 40px;"> <div style="position: absolute; left: -40px; top: 0; transform: rotate(-90deg); font-weight: bold; font-size: 0.8em;"> RECEIVED 15 JUL - 1 PM 2:21 U.S. DEPT. OF LABOR DISTRICT OFFICE </div> </div>		No. Employees, Members	Phone No. (Include Area Code)
Street Address City, State and ZIP Code			
DISCRIMINATION BASED ON (Check appropriate box(es).) <input checked="" type="checkbox"/> RACE <input type="checkbox"/> COLOR <input checked="" type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN <input type="checkbox"/> RETALIATION <input type="checkbox"/> AGE <input type="checkbox"/> DISABILITY <input type="checkbox"/> GENETIC INFORMATION <input type="checkbox"/> OTHER (Specify)		DATE(S) DISCRIMINATION TOOK PLACE Earliest Latest 03-28-2015 03-28-2015 <input type="checkbox"/> CONTINUING ACTION	
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)): On or about March 28, 2015 Respondent failed to represent me in a favorable manner concerning a matter of my employer. I believe that I have been discriminated against because of my race (Black) and sexual orientation in violation of Title VII of the Civil Rights Act of 1964, as amended in that Respondent subjected me to the above mentioned.			

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures. I declare under penalty of perjury that the above is true and correct.	NOTARY - When necessary for State and Local Agency Requirements I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;"> <u>7-1-15</u> Date </div> <div style="text-align: center;"> Charging Party Signature </div> </div>	<div style="text-align: center;"> Notary Signature </div>